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P.O. Box 19166 \* Colorado City, CO 81019 \* Tele: 888.837.6400 \* Fax: 719.676.3135

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**REDACTED - FOR PUBLIC INSPECTION**

October 17, 2013

Marlene H. Dortch, Secretary  
Federal Communication Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

RE: Connect America Fund, WC Dkt. No. 10-90;  
Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Dear Ms. Dortch:

South Park Telephone Company ("Company") hereby files its FCC Form 481 Carrier Annual Reporting and certification as required by Sections 54.313 and 54.422 of the Commission's rules in accordance with the guidance of the Public Notice issued August 6, 2013 (DA 13-1707). A copy of this report has also been filed with the Universal Service Administrative Company and state public service commission.

Portions of this filing are being made confidentially in accordance with the Federal Communications Commission's *Third Protective Order*<sup>1</sup> in this docket. Specifically, the Company requests confidential treatment of service outage reporting and the financial statements. This information is competitively sensitive and is not normally released to the public; release of such sensitive data could give the Company's competitors an advantage in its markets.

Specifically, this filing submission includes one copy of the Confidential Document and two copies of the Confidential Document in Redacted Form with the cover letter. Company has also filed a redacted version through the FCC's e-filing system. Please feel free to contact me with questions.

Sincerely,

JOVANKA A. MERSMAN  
Tariff/Regulatory Manager

/jam

Enclosures

cc: Charles Tyler, FCC, Telecommunications Access Policy Division (two confidential copies)

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<sup>1</sup> In re: Developing a Unified Inter-carrier Compensation Regime; Establishing Just and Reasonable Rates for Local Exchange Carriers; Connect America Fund; High-Cost Universal Service Support; A National Broadband Plan for Our Future, CC Dkt. Nos. 07-135, 10-90, 05-337, GN Dkt. No. 09-51, *Third Protective Order* DA 10-1749 (rel. August 30, 2012).

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|   |                           |
|---|---------------------------|
| <010> Study Area Code   | 462195                    |
| <015> Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> Program Year  | 2014                      |
| <030> Contact Name: Person USAC should contact with questions about this data         | Jovanka Mersman           |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 7195320452                |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | mersman@signal-telcom.com |

| ANNUAL REPORTING FOR ALL CARRIERS   |   |                               | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---|---|-------------------------------|-------------------------------------|-------------------------------------|
|   |   |                               | (check box when complete)           |                                     |
| <100> Service Quality Improvement Reporting   | (complete attached worksheet)             |                               | <input checked="" type="checkbox"/> |                                     |
| <200> Outage Reporting (voice)  | (complete attached worksheet)             |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input type="checkbox"/> <-- check box if no outages to report                      |   |                               |                                     |                                     |
| <300> Unfulfilled Service Requests (voice)  | <input type="text" value="0"/>            |                               | <input checked="" type="checkbox"/> |                                     |
| <310> Detail on Attempts (voice)  |   | (attach descriptive document) | <input checked="" type="checkbox"/> |                                     |
| <320> Unfulfilled Service Requests (broadband)  | <input type="text" value="0"/>            |                               |                                     |                                     |
| <330> Detail on Attempts (broadband)  |   | (attach descriptive document) |                                     |                                     |
| <400> Number of Complaints per 1,000 customers (voice)                                    |   |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed   | <input type="text" value="0.0"/>          |                               |                                     |                                     |
| <420> Mobile  | <input type="text" value="0.0"/>          |                               |                                     |                                     |
| <430> Number of Complaints per 1,000 customers (broadband)                                |   |                               | <input checked="" type="checkbox"/> |                                     |
| <440> Fixed   | <input type="text" value="0.0"/>          |                               |                                     |                                     |
| <450> Mobile  | <input type="text" value="0.0"/>          |                               |                                     |                                     |
| <500> Service Quality Standards & Consumer Protection Rules Compliance                    | (check to indicate certification)         |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="text" value="462195CO510SouthPark"/>                                   | (attached descriptive document)           |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations   | (check to indicate certification)         |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <input type="text" value="462195CO610SouthPark"/>                                   | (attached descriptive document)           |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)             |                               |                                     |                                     |
| <710> Company Price Offerings (broadband)   | (complete attached worksheet)             |                               |                                     |                                     |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)             |                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> | (if yes, complete attached worksheet)     |                               | <input checked="" type="checkbox"/> |                                     |
| <1000> Voice Services Rate Comparability  | (check to indicate certification)         |                               |                                     |                                     |
| <1010> <input type="text"/>   | (attach descriptive document)             |                               |                                     |                                     |
| <1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) |                               |                                     |                                     |
| <1110>  | (complete attached worksheet)             |                               |                                     |                                     |
| <1200> Terms and Condition for Lifeline Customers   | (complete attached worksheet)             |                               |                                     | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                          |  |
|--------|-----------------------------------|--------------------------|--|
| <2000> | (check to indicate certification) | <input type="checkbox"/> |  |
| <2005> | (complete attached worksheet)     | <input type="checkbox"/> |  |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                                     |  |
|--------|-----------------------------------|-------------------------------------|--|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> |  |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> |  |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |  |  |
|-------|--|--|
| <010> | Study Area Code  | 462195   |
| <015> | Study Area Name  | SOUTH PARK TEL. CO.  |
| <020> | Program Year   | 2014   |
| <030> | Contact Name - Person USAC should contact regarding this data  | Jovanka Mersman  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                  | 7195320452   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                              | mersman@signal-telcom.com  |
| <110> | Has your company received its ETC certification from the FCC?  | (yes / no ) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? | (yes / no ) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
<114> Report how much universal service (USF) support was received  
<115> How (USF) was used to improve service quality  
<116> How (USF) was used to improve service coverage  
<117> How (USF) was used to improve service capacity  
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

## FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2013 |
| <702> | Single State-wide Residential Local Service Charge |          |

[illegible]

## July 2013

[illegible]



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes,No,<br>NA) |
|---------------------------|
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

|  |  |
|--|--|
| <b>(1200) Terms and Condition for Lifeline Customers</b><br><b>Lifeline</b><br><b>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

\_\_\_\_\_  
 Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.southparktelephone.com

“Please check these boxes below to confirm that the attached PDF,  
 on line 1210, or the website listed, on line 1220,  
 contains the required information pursuant to §  
 54.422(a)(2) annual reporting for ETCs receiving low-income  
 support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                           |
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| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

|  |
|--|
|  |
|  |

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

|  |
|--|
|  |
|  |
|  |
|  |

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

|  |
|--|
|  |
|--|

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

|  |
|--|
|  |
|  |
|  |
|  |

Name of Attached Document Listing Required Information

\_\_\_\_\_

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

|        |   |  |  |
|--------|---|--|--|
| (3010) | Milestone Certification {47 CFR § 54.313(f)(1)(i)}<br>Please check this box to confirm that the attached PDF, on line 3012,<br><br>contains the required information pursuant to § 54.313 (f)(1)(ii), as a<br>recipient of CAF Phase II support shall provide the number, names, and<br>addresses of community anchor institutions to which began providing<br>access to broadband service in the preceding calendar year.  | Name of Attached Document Listing Required Information | <input type="checkbox"/>                     |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}   | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}  |  | <input checked="" type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report<br>Please check these boxes to confirm that the attached PDF, on line 3017,<br>contains the required information pursuant to § 54.313(f)(2) compliance<br>requires:  |  | <input type="checkbox"/>                     |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for<br>Telecommunications Borrowers)  |  | <input type="checkbox"/>                     |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |  | <input type="checkbox"/>                     |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual<br>report and all required documentation  | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3018) | If the response is no on line 3014, Is your company audited?<br><br>If the response is yes on line 3018, please check the boxes below to<br>confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains<br>:   |  | <input checked="" type="checkbox"/>          |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report<br>in a format comparable to RUS Operating Report for Telecommunications  |  | <input checked="" type="checkbox"/>          |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |  | <input checked="" type="checkbox"/>          |
| (3021) | Management letter issued by the independent certified public accountant<br>that performed the company's financial audit.<br><br>If the response is no on line 3018, please check the boxes below<br>to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),<br>contains:<br>Copy of their financial statement which has been subject to review by an<br>independent certified public accountant; or 2) a financial report in a<br>format comparable to RUS Operating Report for Telecommunications |  | <input type="checkbox"/>                     |
| (3022) | Borrowers,  |  | <input type="checkbox"/>                     |
| (3023) | Underlying information subjected to a review by an independent certified<br>public accountant   |  | <input type="checkbox"/>                     |
| (3024) | Underlying information subjected to an officer certification.   |  | <input type="checkbox"/>                     |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |  | <input type="checkbox"/>                     |
| (3026) | Attach the worksheet listing required information   | Name of Attached Document Listing Required Information | 462195C03026SouthPark                        |

|   |  |
|---|--|
| <b>Certification - Reporting Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                           |
|---|---------------------------|
| <010> Study Area Code   | 462195                    |
| <015> Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> Program Year  | 2014                      |
| <030> Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |  |
|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |  |
| Name of Reporting Carrier:  | SOUTH PARK TEL. CO.                              |
| Signature of Authorized Officer:  | CERTIFIED ONLINE Date 10/07/2013                 |
| Printed name of Authorized Officer:   | David Shipley                                    |
| Title or position of Authorized Officer:  | Vice President                                   |
| Telephone number of Authorized Officer:   | 719.676.4151                                     |
| Study Area Code of Reporting Carrier:   | 462195 Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |  |

|   |  |
|---|--|
| <b>Certification - Agent / Carrier<br/>Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                           |
|---|---------------------------|
| <010> Study Area Code   | 462195                    |
| <015> Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> Program Year  | 2014                      |
| <030> Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                |
| Name of Authorized Agent:  |                                |
| Name of Reporting Carrier:   |                                |
| Signature of Authorized Officer:   | Date:                          |
| Printed name of Authorized Officer:  |                                |
| Title or position of Authorized Officer:   |                                |
| Telephone number of Authorized Officer:  |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                |
| Name of Reporting Carrier:   |                                |
| Name of Authorized Agent or Employee of Agent:   |                                |
| Signature of Authorized Agent or Employee of Agent:  | Date:                          |
| Printed name of Authorized Agent or Employee of Agent:   |                                |
| Title or position of Authorized Agent or Employee of Agent:  |                                |
| Telephone number of Authorized Agent or Employee of Agent:   |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

## Attachments





|       |   |                           |
|-------|---|---------------------------|
| <010> | Study Area Code   | 462195                    |
| <015> | Study Area Name   | SOUTH PARK TEL. CO.       |
| <020> | Program Year  | 2014                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Jovanka Mersman           |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195320452                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | mersman@signal-telcom.com |
| <810> | Reporting Carrier   | South Park, LLC           |
| <811> | Holding Company   | Corona Holdings, Inc.     |
| <812> | Operating Company   | South Park, LLC           |

10/07/2013

South Park, LLC  
FCC Form 481 – Line 510  
Program Year – 2014

## SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

South Park, LLC dba South Park Telephone Company (“South Park”) is in compliance with applicable service quality standards and consumer protection rules.

South Park complies with consumer protection obligations under Colorado state law. Specifically, C.R.S. 6-1-101 (2013), Colorado Consumer Protection Act protects consumers and businesses against fraud and maintains a competitive business environment by enforcing state and federal consumer protection laws; enforcing state and federal antitrust laws; and advocating on behalf of residential and small business taxpayers.

South Park is regulated by the Code of Colorado Regulations, 4 CCR 723-2, Rules Regulating Telecommunications Providers, Services, and Products. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers (2) adherence to Quality of Service Standards, and (3) conforming to Customer Billing standards.

South Park is also subject to federal truth-in-billing requirements, has implemented CPNI and Red Flag Rules policies, and is complying with other applicable federal and state requirements governing the protection of customers’ privacy.

South Park, LLC  
FCC Form 481 – Line 610  
Program Year – 2014

Emergency Functionality Explanation Document:

South Park, LLC dba South Park Telephone Company (hereinafter “South Park”) is able to remain functional in emergency situations. South Park has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0986

OMB Control No. 3060-0819

Page 1 of 3

July 2013

<010> Study Area Code 462195  
<015> Study Area Name SOUTH PARK, LLC dba SOUTH PARK TELEPHONE COMPANY  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data JOVANKA MERSMAN, SIGNAL TELCOM PARTNERS  
<035> Contact Telephone Number - Number of person identified in data line <030> 719-532-0452  
<039> Contact Email Address - Email Address of person identified in data line <030> MERSMAN@SIGNAL-TELCOM.COM

Filed as reviewed single company

☐

Filed as reviewed consolidated company

☐

Filed as subsidiary of reviewed consolidated company

☐

Filed as audited single company

☐

Filed as audited consolidated company

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Filed as subsidiary of audited consolidated company

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CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature

Date

2963

PART A. BALANCE SHEET

| ASSETS                                   | BALANCE PRIOR<br>YEAR | BALANCE END OF<br>PERIOD | LIABILITIES AND STOCKHOLDERS' EQUITY                          | BALANCE PRIOR<br>YEAR | BALANCE END OF<br>PERIOD |
|--|-----------------------|--------------------------|---|-----------------------|--------------------------|
| <b>CURRENT ASSETS</b>                    |                       |                          | <b>CURRENT LIABILITIES</b>                                    |                       |                          |
| 1. Cash and Equivalents                  |                       |                          | 25. Accounts Payable  |                       |                          |
| 2. Cash-RUS Construction Fund            |                       |                          | 26. Notes Payable   |                       |                          |
| 3. Affiliates:                           |                       |                          | 27. Advance Billings and Payments                             |                       |                          |
| a. Telecom, Accounts Receivable          |                       |                          | 28. Customer Deposits   |                       |                          |
| b. Other Accounts Receivable             |                       |                          | 29. Current Mat. L/T Debt                                     |                       |                          |
| c. Notes Receivable                      |                       |                          | 30. Current Mat. L/T Debt-Rur. Dev.                           |                       |                          |
| 4. Non-Affiliates:                       |                       |                          | 31. Current Mat.-Capital Leases                               |                       |                          |
| a. Telecom, Accounts Receivable          |                       |                          | 32. Income Taxes Accrued                                      |                       |                          |
| b. Other Accounts Receivable             |                       |                          | 33. Other Taxes Accrued                                       |                       |                          |
| c. Notes Receivable                      |                       |                          | 34. Other Current Liabilities                                 |                       |                          |
| 5. Interest and Dividends Receivable     |                       |                          | 35. Total Current Liabilities (25 thru 34)                    |                       |                          |
| 6. Material-Regulated                    |                       |                          | <b>LONG-TERM DEBT</b>   |                       |                          |
| 7. Material-Nonregulated                 |                       |                          | 36. Funded Debt-RUS Notes                                     |                       |                          |
| 8. Prepayments                           |                       |                          | 37. Funded Debt-RTB Notes                                     |                       |                          |
| 9. Other Current Assets                  |                       |                          | 38. Funded Debt-FFB Notes                                     |                       |                          |
| 10. Total Current Assets (1 Thru 9)      |                       |                          | 39. Funded Debt-Other   |                       |                          |
|  |                       |                          | 40. Funded Debt-Rural Develop. Loan                           |                       |                          |
| <b>NONCURRENT ASSETS</b>                 |                       |                          | 41. Premium (Discount) on L/T Debt                            |                       |                          |
| 11. Investment in Affiliated Companies   |                       |                          | 42. Recquired Debt  |                       |                          |
| a. Rural Development                     |                       |                          | 43. Obligations Under Capital Lease                           |                       |                          |
| b. Nonrural Development                  |                       |                          | 44. Adv. From Affiliated Companies                            |                       |                          |
| 12. Other Investments                    |                       |                          | 45. Other Long-Term Debt                                      |                       |                          |
| a. Rural Development                     |                       |                          | 46. Total Long-Term Debt (36 thru 45)                         |                       |                          |
| b. Nonrural Development                  |                       |                          | <b>OTHER LIAB. &amp; DEF. CREDITS</b>                         |                       |                          |
| 13. Nonregulated Investments             |                       |                          | 47. Other Long-Term Liabilities                               |                       |                          |
| 14. Other Noncurrent Assets              |                       |                          | 48. Other Deferred Credits                                    |                       |                          |
| 15. Deferred Charges                     |                       |                          | 49. Other Jurisdictional Differences                          |                       |                          |
| 16. Jurisdictional Differences           |                       |                          | 50. Total Other Liabilities and Deferred Credits (47 thru 49) |                       |                          |
| 17. Total Noncurrent Assets (11 thru 16) |                       |                          | <b>EQUITY</b>   |                       |                          |
|  |                       |                          | 51. Cap. Stock Outstanding & Subscribed                       |                       |                          |
| <b>PLANT, PROPERTY, AND EQUIPMENT</b>    |                       |                          | 52. Additional Paid-in-Capital                                |                       |                          |
| 18. Telecom, Plant-in-Service            |                       |                          | 53. Treasury Stock  |                       |                          |
| 19. Property Held for Future Use         |                       |                          | 54. Membership and Cap. Certificates                          |                       |                          |
| 20. Plant Under Construction             |                       |                          | 55. Other Capital   |                       |                          |
| 21. Plant Adj., Nonop. Plant & Goodwill  |                       |                          | 56. Patronage Capital Credits                                 |                       |                          |
| 22. Less Accumulated Depreciation        |                       |                          | 57. Retained Earnings or Margins                              |                       |                          |
| 23. Net Plant (18 thru 21 less 22)       |                       |                          | 58. Total Equity (51 thru 57)                                 |                       |                          |
| 24. TOTAL ASSETS (10+17+23)              |                       |                          | 59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)                |                       |                          |



|   |   |
|---|---|
| <b>(3005b) Operating Report for Privately-Held Rate of Return Carriers</b><br><b>Income Statement - Data Collection Form</b><br>Page 2 of 3 | FCC Form 481<br>OMB Control No. 3060-0986<br>OMB Control No. 3060-0819<br>July 2013 |
|---|---|

|  |  |
|--|--|
| <b>&lt;010&gt; Study Area Code</b>   | 462195   |
| <b>&lt;015&gt; Study Area Name</b>   | SOUTH PARK, LLC dba SOUTH PARK TELEPHONE COMPANY |
| <b>&lt;020&gt; Program Year</b>  | 2014   |
| <b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>                       | JOVANKA MERSMAN, SIGNAL TELCOM PARTNERS          |
| <b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>     | 719-532-0452                                     |
| <b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b> | MERSMAN@SIGNAL-TELCOM.COM                        |

| PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS                   |  |            |           |
|---|--|------------|-----------|
| ITEM  |  | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues  |  |            |           |
| 2. Network Access Services Revenues   |  |            |           |
| 3. Long Distance Network Services Revenues                                      |  |            |           |
| 4. Carrier Billing and Collection Revenues                                      |  |            |           |
| 5. Miscellaneous Revenues   |  |            |           |
| 6. Uncollectible Revenues   |  |            |           |
| 7. Net Operating Revenues (1 thru 5 less 6)                                     |  |            |           |
| 8. Plant Specific Operations Expense  |  |            |           |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) |  |            |           |
| 10. Depreciation Expense  |  |            |           |
| 11. Amortization Expense  |  |            |           |
| 12. Customer Operations Expense   |  |            |           |
| 13. Corporate Operations Expense  |  |            |           |
| 14. Total Operating Expenses (8 thru 13)  |  |            |           |
| 15. Operating Income or Margins (7 less 14)                                     |  |            |           |
| 16. Other Operating Income and Expenses   |  |            |           |
| 17. State and Local Taxes   |  |            |           |
| 18. Federal Income Taxes  |  |            |           |
| 19. Other Taxes   |  |            |           |
| 20. Total Operating Taxes (17+18+19)  |  |            |           |
| 21. Net Operating Income or Margins (15+16-20)                                  |  |            |           |
| 22. Interest on Funded Debt   |  |            |           |
| 23. Interest Expense - Capital Leases   |  |            |           |
| 24. Other Interest Expense  |  |            |           |
| 25. Allowance for Funds Used During Construction                                |  |            |           |
| 26. Total Fixed Charges (22+23+24-25)   |  |            |           |
| 27. Nonoperating Net Income   |  |            |           |
| 28. Extraordinary Items   |  |            |           |
| 29. Jurisdictional Differences  |  |            |           |
| 30. Nonregulated Net Income   |  |            |           |
| 31. Total Net Income or margins (21+27+28+29+30-26)                             |  |            |           |
| 32. Total Taxes Based on Income   |  |            |           |
| 33. Retained Earnings or Margins Beginning-of-Year                              |  |            |           |
| 34. Miscellaneous Credits Year-to-Date  |  |            |           |
| 35. Dividends Declared (Common)   |  |            |           |
| 36. Dividends Declared (Preferred)  |  |            |           |
| 37. Other Debits Year-to-Date   |  |            |           |
| 38. Transfers to Patronage Capital  |  |            |           |
| 39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]       |  |            |           |
| 40. Patronage Capital Beginning-of-Year   |  |            |           |
| 41. Transfers to Patronage Capital  |  |            |           |
| 42. Patronage Capital Credits Retired   |  |            |           |
| 43. Patronage Capital End-of-Year (40+41-42)                                    |  |            |           |
| 44. Annual Debt Service Payments  |  |            |           |
| 45. Cash Ratio [(14+20-10-11)/7]  |  |            |           |
| 46. Operating Accrual Ratio [(14+20+26)/7]                                      |  |            |           |
| 47. TIER [(31+26)/26]   |  |            |           |
| 48. DSCR [(31+26+10+11)/44]   |  |            |           |



(3005c) Operating Report for Privately-Held Rate of Return Carriers  
Cash Flow - Data Collection Form

Page 3 of 3

FCC Form 481  
OMB Control No. 3060-0986  
OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 462195  
<015> Study Area Name SOUTH PARK, LLC dba SOUTH PARK TELEPHONE COMPANY  
<020> Program Year 2014  
<030> Contact Name - Person USAC should contact regarding this data JOVANKA MERSMAN, SIGNAL TELCOM PARTNERS  
<035> Contact Telephone Number - Number of person identified in data line <030> 719-532-0452  
<039> Contact Email Address - Email Address of person identified in data line <030> MERSMAN@SIGNAL-TELCOM.COM

| PART C. STATEMENTS OF CASH FLOWS   |  |
|--|--|
| 1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)  |  |
| CASH FLOWS FROM OPERATING ACTIVITIES   |  |
| 2. Net Income  |  |
| 3. Add: Depreciation   | Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities |
| 4. Add: Amortization   |  |
| 5. Other (Explain)   |  |
| 6. Decrease/(Increase) in Accounts Receivable  | Changes in Operating Assets and Liabilities                                      |
| 7. Decrease/(Increase) in Materials and Inventory  |  |
| 8. Decrease/(Increase) in Prepayments and Deferred Charges   |  |
| 9. Decrease/(Increase) in Other Current Assets   |  |
| 10. Increase/(Decrease) in Accounts Payable  |  |
| 11. Increase/(Decrease) in Advance Billings & Payments   |  |
| 12. Increase/(Decrease) in Other Current Liabilities   |  |
| 13. Net Cash Provided/(Used) by Operations   |  |
| CASH FLOWS FROM FINANCING ACTIVITIES   |  |
| 14. Decrease/(Increase) in Notes Receivable  |  |
| 15. Increase/(Decrease) in Notes Payable   |  |
| 16. Increase/(Decrease) in Customer Deposits   |  |
| 17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)                                   |  |
| 18. Increase/(Decrease) in Other Liabilities & Deferred Credits  |  |
| 19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital |  |
| 20. Less: Payment of Dividends   |  |
| 21. Less: Patronage Capital Credits Retired  |  |
| 22. Other (Explain) - Cash provided to parent to pay taxes and/or debt   |  |
| 23. Net Cash Provided/(Used) by Financing Activities   |  |
| CASH FLOWS FROM INVESTING ACTIVITIES   |  |
| 24. Net Capital Expenditures (Property, Plant & Equipment)   |  |
| 25. Other Long-Term Investments  |  |
| 26. Other Noncurrent Assets & Jurisdictional Differences   |  |
| 27. Other (Explain)  |  |
| 28. Net Cash Provided/(Used) by Investing Activities   |  |
| 29. Net Increase/(Decrease) in Cash  |  |
| 30. Ending Cash  |  |



## REPORT OF INDEPENDENT AUDITORS

To the Board of Directors  
Corona Holdings, Inc.

We have audited the accompanying consolidated balance sheets of Corona Holdings, Inc. and subsidiaries as of December 31, 2011 and 2010, and the related consolidated statements of income, stockholder's equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Corona Holdings, Inc. and subsidiaries as of December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Moss Adams LLP*

Spokane, Washington  
April 10, 2012





## REPORT OF INDEPENDENT AUDITORS

To the Board of Directors  
Corona Holdings, Inc.

We have audited the accompanying consolidated financial statements of Corona Holdings, Inc. and its subsidiaries, which comprise the consolidated balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of income, stockholder's equity, and cash flows for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate for the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.



**REPORT OF INDEPENDENT AUDITORS**  
**(continued)**

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Corona Holdings, Inc. and its subsidiaries as of December 31, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Moss Adams LLP

Spokane, Washington  
April 4, 2013